



EGUSD PROFESSIONAL LEARNING OPPORTUNITIES CLASSIFIED IN-SERVICE CREDIT FORM

This form must be submitted to the Curriculum Professional Learning Office no later than the start date of the workshop. Employees will **ONLY** receive in-service credit for salary advancement for workshops held during contracted work hours if they use Vacation/CTO hours, **AND** the vacation/CTO hours can be verified in the district absence tracking system.

EMPLOYEE NAME: _____ EIN: _____

WORK TELEPHONE: _____ DEPARTMENT/SCHOOL: _____

Your Regular Work Hours: FROM: _____ TO: _____ Hours Worked Per Day _____

Your Regular Work Days (*circle all that apply*): M T W TH F TRACK: _____

Course Title: _____

PL Essentials Number: _____ Course Day/Date/Time: _____

I will be using (please check one):

- Vacation Hours for the training time:**
I understand that I must document the use of vacation hours on the "Monthly Absence Report" in order to receive in-service credit.

- Compensatory Time (CTO) Hours for the training time:**
I understand that I must document the use of CTO hours on the "Monthly Absence Report" in order to receive in-service credit.

Employee Signature _____ **Date** _____

Principal/Director Vacation/CTO Approval: I certify that documentation has been/will be submitted to Human Resources for this employee:

- verifying his/her use of **Vacation hours** in order to receive in-service credit for the workshop listed above

- verifying his/her use of **CTO hours** in order to receive in-service credit for the workshop listed above

Principal/Director Signature _____ **Date** _____

OFFICE USE ONLY: Verified in QSS: V/CTO Initial: _____ Date: _____